

**FAX TRANSMITTAL  
TO THE UNITED STATES PATENT OFFICE**

**RECEIVED  
CENTRAL FAX CENTER**

**SEP 13 2004**

Applicants Docket Number:  
**DEA V2000/A022 US NP**

Applicants:  
**Uhlmann et al.**

Serial No.: 09/835,370  
Patent No.: 6,777,544 B2

Issue Date: August 17, 2004

Title of Invention:  
**Polyamide Nucleic Acid Derivatives And Agents and Processes For Preparing Them**

**CERTIFICATE OF TRANSMISSION**

I hereby certify that this correspondence is being transmitted via facsimile to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, at 703-872-9306, on

Date of Deposit Sept. 13, 2004

Printed Name of Person Signing Certificate Debra Conghlin

Signature Debra Conghlin

Total Number of Pages Sent: **2**

Attorney: **Karen L. Krupen**

Group Art Unit: **1637**

Examiner: **J. Siew**

TO: Mail Stop M Correspondence  
Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

Please acknowledge receipt of the below-listed documents by return telefax to (908) 231-2626. If any fees are required, please charge our deposit account (18-1982) in the name of Aventis Pharmaceuticals Inc.

- |                                                                |                                                                                          |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Amendment, 37 CFR _____               | <input type="checkbox"/> Fee Transmittal                                                 |
| <input type="checkbox"/> Charge deposit account, in duplicate  | <input type="checkbox"/> Petition under 37 CFR _____                                     |
| <input type="checkbox"/> Extension of Time Petition            | <input checked="" type="checkbox"/> Other <u>Change of Correspondence Address Patent</u> |
| <input type="checkbox"/> Issue Fee Transmittal & Advance Order | <input type="checkbox"/> Other _____                                                     |
| <input type="checkbox"/> Maintenance Fee Transmittal           |                                                                                          |

Aventis Pharmaceuticals Inc., Route 202-206, P.O. Box 6800, Bridgewater, New Jersey 08807, U.S.A. [www.aventis.com](http://www.aventis.com)  
NOTICE: The documents accompanying this telecopy transmission are intended only for the use of the individual or entity named above. If you have received this telecopy in error, please immediately notify the sender by telephone to arrange for the return of the original documents.

Aventis Pharmaceuticals Inc. template (March 2001)

PTO/SB/123 (09-03)

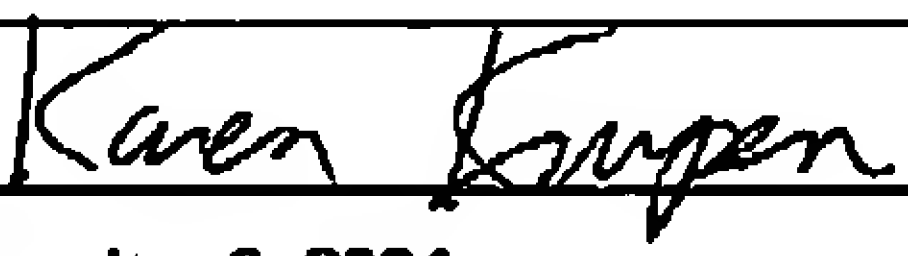
Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>CHANGE OF CORRESPONDENCE ADDRESS</b> <i>Patent</i>  Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450.	Patent Number	6,777,544 B2
	Issue Date	August 17, 2004
	Application Number	09/835,370
	Filing Date	April 17, 2001
	First Named Inventor	Uhlmann et al.
	Attorney Docket Number	DEAV2000/A022USNP

RECEIVED  
CENTRAL FAX CENTER  
SEP 13 2004

Please change the Correspondence Address for the above-identified patent application to:					
<input type="checkbox"/>	Customer Number: <input type="text"/>				
<b>OR</b>					
<input checked="" type="checkbox"/>	Firm or Individual Name	AVENTIS PHARMA DEUTSCHLAND GMBH ATTN: Mr. Markus Jacobi			
Address		Industriepark Hoechst			
Address		Gebäude K 802			
City		Frankfurt am Main	State		Zip 65926
Country		GERMANY			
Telephone			Fax		
<p>This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).</p> <p>This form will not affect any "fee address" provided for the above-identified patent. To change a "fee address" use the "Fee Address Indication Form" (PTO/SB/47).</p> <p>I am the:</p> <p><input type="checkbox"/> Patentee.</p> <p><input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> Attorney or Agent of record. Registration Number <u>34,647</u></p>					
Typed or Printed Name		Karen I. Krupen			
Signature					
Date		September 9, 2004		Telephone 908-231-4658	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
<input checked="" type="checkbox"/> *Total of 1 forms are submitted.					

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450 Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2

Aventis Pharmaceuticals Inc. template